CHAPERONE POLICY - ADULTS

Key Document Code:	WAHT-CG-606	
Department / Service:	Safeguarding	
Author/Owner:	Deborah Narburgh	Head of Safeguarding
Accountable Director:	Sarah Shingler, Chief Nursing Officer	
Approved by:	Integrated Safeguarding Committee Improving Safety Action Group	30.07.2024 03.09.2024
Date of first approval:	December 2010	
Revision Due:	3rd September 2027	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust	
Target Departments	Trustwide	
Target staff categories	This Policy applies to all Worcestershire Acute Hospitals NHS Trust (WAHT) staff.	

Policy Overview:

This policy sets out the rights of patients to have a chaperone present during any intimate examination, procedure or treatment. Worcestershire Acute Hospitals NHS Trust is committed to providing a safe, comfortable environment where patients and staff can be confident that best practice is being followed.

Intimate or personal care and examinations must be practiced in a safe, sensitive and respectful manner otherwise misunderstandings may occur which may result in allegations of abuse or assault. All patients have the right, if they wish, to have a chaperone present during an examination, procedure, treatment or any care irrespective of organisational constraints or settings in which they are carried out.

The presence of a chaperone can be of reassurance to both patients and health professionals, especially when there is a need for an intimate examination to be performed, regardless of the gender of either the healthcare professional or the patient. The presence of a chaperone during intimate examination, procedure or treatment is a safeguard for both patient and healthcare professionals.

Contents page:

Appendices

1. Introduction

In 2000, GP Clifford Ayling was convicted of sexual assault on 10 female patients during intimate examinations. At the time, the GMC's guidance on intimate examinations (1996) suggested that 'whenever possible' doctors should offer a chaperone or invite the patient to bring a relative or a friend.

The inquiry that followed the Ayling case found that he usually carried out intimate examinations without the presence of a chaperone. The inquiry outcome called for trained chaperones to be routinely offered in these situations. Patients would have the right to decline if they so wished.

Current GMC guidance, Intimate Examinations and Chaperones (2013) states that doctors should offer the patient the option of a chaperone wherever possible before conducting an intimate examination, whether or not they are the same gender as the patient. The chaperone should usually be a trained health professional, although doctors should comply with 'a reasonable request' to have a family member or friend present as well as a chaperone. Friends or family members who may be present must not be expected to take on a chaperoning role as this may not be what the patient wants. Care must be taken to ensure that if a patient doesn't speak English then an interpreter should be used (not a family member).

Intimate examinations may be embarrassing or distressing for patients and such examinations should be carried out sensitively. Intimate examinations include examinations of the breasts, genitalia and rectum, but it also extends to any examination where it is necessary to touch or be close to the patient.

The person undertaking the examination should respect any request for the examination to cease.

2. Scope of this document

This policy sets out guidance on the use of chaperones within Worcestershire Acute Hospitals NHS Trust and is based on recommendations from the General Medical Council, The Nursing and Midwifery Council, NHS Guidance and the findings of the Ayling Inquiry (2004).

This document applies to all staff groups working within Worcestershire Acute Hospitals NHS Trust and applies to all staff who may be involved in the examination or undertaking of clinical procedures, as well as those staff who may be asked to chaperone patients.

This document should be used in conjunction with existing guidance from Professional bodies and with reference to:

- Consent to Examination & Treatment Policy

- Clinical Record Keeping Policy
- Freedom to Speak Up Policy
- Mental Capacity Act 2005
- Policy on Chaperoning Infants, Children and Young People
- Managing Allegations – People in a Position of Trust

3. Definitions

A chaperone is an impartial observer present during an intimate examination of a patient. They will usually be a health professional who is familiar with the procedures involved in the examination. The chaperone will, wherever possible be the same gender as the patient.

3.1 Intimate examinations

Intimate examinations are examinations of the breast, genitalia and rectum. However, some patients may regard any examination in which the doctor needs to touch, or be very close to them as intimate. Example: examination of the fundi using an ophthalmoscope in a darkened room.

Key Information for Staff:

Royal College of Nursing (RCN) Genital Examination in Women (Updated 05.04.2024)

Genital Examination in Women| Royal College of Nursing (rcn.org.uk)

Intimate Examinations and Chaperones - GMC Guidance (please check website for most current advice)

(Accessed 07.06.2024)

GMC Guidance - intimate examinations

4. Responsibility and Duties

All staff required to provide clinical care of an intimate nature are personally and professionally responsible for ensuring compliance with this Policy. All staff are also individually responsible for the reporting and escalation of any concerns they may have about the care provided by a colleague(s) to a patient or patients.

All incidents related to the Policy should be recorded via the Datix incident reporting system.

5. Policy detail

5.1 Types of Chaperone

Informal Chaperone This may be a family member or friend of the patient. An informal chaperone would not be expected to take an active part in the examination or delivery of treatment. Children must not act as informal chaperones for their adult family members. The presence of an informal chaperone does not provide complete protection against allegations of malpractice. In some circumstances a formal chaperone may need to be present as well.

Formal Chaperone A formal chaperone has a specific role to play in terms of the consultation, and this role should be made clear to both the patient and the person undertaking the chaperone role. The formal chaperone may be a WAHT employee or an external employee, for example a care home provider. It must be documented in the patient's clinical records if an informal or formal chaperone is provided.

5.2 Chaperone's role

GMC guidance in Good Medical Practice 2013 states, “A chaperone should usually be a health professional and you must be satisfied that the chaperone will:

•be sensitive and respect the patient’s dignity and confidentiality
•reassure the patient if they show signs of distress or discomfort
•be familiar with the procedures involved in a routine intimate examination
•stay for the whole examination and be able to see what the doctor is doing, if practical
•be prepared to raise concerns if they are concerned about the doctor’s behaviour or actions.

The presence of a chaperone provides a safeguard for both patient and healthcare professionals.

5.3 When to offer a chaperone

The most obvious example is with intimate examinations, and in these situations a chaperone must be always be offered. However, it is important to remember that what can be classed as an intimate examination may depend on the individual patient. A chaperone should be offered routinely before conducting any intimate examination.

In order for patients to exercise their right to request the presence of a chaperone, a full explanation of the examination, procedure or treatment to be carried out should be given to the patient. This should be followed by a check to ensure that the patient has understood

the information and gives consent in accordance with WAHT Consent to Examination or Treatment Policy (WAHT-CG-075).

Some patients may require a chaperone for other examinations too. For example, particularly vulnerable patients, or those who have suffered abuse, may need a chaperone for examinations where it is necessary to touch or be close to them.

5.4 Emergency situations

In certain circumstances such as an emergency, it will be lawful to carry out examinations or treatment, if it is deemed to be in the patient's best interests, on the provision that the specific examination or procedure has not been the subject of an advanced refusal in a valid and signed advance directive. In certain cases, patients may have taken steps in advance to document what interventions they will and will not consent to at a time in the future where they may lack capacity to consent for themselves.

5.5 Why use a chaperone?

It is good practice to offer all patients a chaperone for any consultation, examination or procedure where the patient feels one is required.

If a patient prefers to undergo an examination/procedure without the presence of a chaperone this should be respected and their decision documented in their clinical record. The only exclusion to this is when intimate examinations or procedures are performed:

- Their presence adds a layer of protection for both the healthcare professional and the patient; it is rare for an allegation of assault to be made if a chaperone is present. In the event of an allegation being made, WAHT Managing Allegations Against People in A Position of Trust Policy should be followed (WAHT-HR-098).
- To acknowledge a patient's vulnerability and to ensure a patient's dignity is preserved at all times
- They may assist the health professional in the examination; for example, the chaperone may assist with undressing/dressing of patients as required
- Provides emotional comfort and reassurance to the patient

5.6 Unconscious patients, anaesthetised/sedated patients

Whenever possible, e.g. for elective surgery patients, consent for examination, procedures or investigation should be obtained prior to any anaesthetic/ sedation; and be in writing following the trust procedure for obtaining consent. Where this is not possible, e.g. as a result of unplanned or emergency surgery, every effort should be made to ensure that a chaperone is present during examination.

Equal consideration should be given to unconscious patients and chaperones should always be present when intimate care and examinations are being performed on unconscious patients.

5.7 Patients with individual needs

Patients with communication needs or learning disabilities must have support from healthcare professionals. Family or friends who understand their individual communication needs and are able to minimise any distress caused by the procedure could also be invited to be present throughout any examination. Staff must be aware of the implications of the Mental Capacity Act and if a patient's ability to understand the implications of consent to a procedure with or without the presence of a chaperone is in doubt, the procedure to assess mental capacity should be carried out in line with Policy for Assessing Mental Capacity and Complying with the Mental Capacity Act 2005 (WAHT-CG-752).
Patients with communication needs or learning disabilities must have support from healthcare professionals **who should consider if there is a need for any individualised reasonable adjustments.**

5.8 Interpreter Services

The Trust is committed to providing accessible and appropriate care to all patients. Staff should ensure that patients whose first language is not English receive the information they need and that they are able to communicate effectively with healthcare staff. It is not appropriate to use children for the purpose of interpreting. Where the practitioner has any difficulty or concerns with regard to effective communication and the ability to obtain informed consent for a procedure an interpreter should be called. Refer to the Trust intranet page for current service provider information.

5.9 Privacy & Dignity

Facilities should be available for patients to undress in a private undisturbed area. There should be no undue delay prior to examination once the patient has removed any clothing.

Examinations should take place in a closed room or well screened bay that cannot be entered without consent while the examination is in progress. 'Do not enter' or 'Examination in progress' signs must be used when possible.

5.10 Infants, Children and Young People

Policy on Chaperoning Infants, Children and Young People available via the key document page of the Trust intranet – Paediatrics (WAHT-TP-083).

5.11 Cultural and Religious Issues

The cultural values and religious beliefs of patients can make intimate examinations and procedures difficult and stressful for themselves and healthcare professionals. Clinicians

must be sensitive to the needs of patients and their specific requirements understood (through the use of interpreters if appropriate) and whenever possible complied with.

5.12 Training and awareness

While individual professionals have a responsibility to ensure that they are aware of the contents of this policy and apply them, it is the responsibility of lead clinicians, matrons and ward managers to identify any training needs and to organise appropriate workplace instruction. Workplace instruction should involve discussion and demonstration of an understanding of the following:

- What is meant by the term chaperone?
- Confidentiality
- What is an intimate examination
- Why chaperones need to be present
- The rights of the patient
- The chaperone's role and responsibility
- An understanding of the diverse needs of patients
- A working knowledge of the incident reporting procedures

Instruction on the role of the chaperone should be included in clinical induction programmes for new members of staff.

5.13 Confidentiality

Patients should be reassured that all staff understand their responsibility not to divulge confidential information.

5.14 Record Keeping

Staff should document both the presence of a chaperone and their identity (name and full job title) in the patient records.

If an accusation of improper behaviour is made several years later and there is no record of who acted as chaperone, it would be difficult to recall who witnessed the examination.

5.15 Prisoners

The fact that a patient is a prisoner **does not affect their right to have a chaperone** offered or whether or not to accept treatment where they have the mental capacity to make such a decision.

5.16 Patients who refuse a chaperone

For patients who refuse a chaperone, you should record that you offered a chaperone but the patient declined.

Patients have a right to refuse a chaperone. If you are unwilling to conduct an intimate examination without a chaperone, you should explain to the patient why you would prefer to have one present. You may need to offer an alternative appointment, or an alternative healthcare professional, but only if the patient's clinical needs allow this.

Even if a patient declines the offer of a chaperone, the healthcare professional may feel that in certain circumstances (for example, an intimate examination on a young adult of the opposite gender), it would be wise to have a chaperone present for their own comfort/protection.

The healthcare professional should explain that they would prefer to have a chaperone, explain that the role of the chaperone is in part to assist with the procedure and provide reassurance. It is important to explore the reasons why the patient does not wish to have a chaperone and to address any concerns they may have.

If the patient still declines, the healthcare professional will need to decide whether or not they are happy to proceed in the absence of a chaperone. This will be a decision based on both clinical need and the requirement for protection against any potential allegations of an unconsented examination/improper conduct.

Another option to consider is whether or not it would be appropriate to ask a colleague to undertake the examination (although the chaperone issue may still prevail).

A further option would be to consider referring the patient to secondary care for the examination (although the chaperone issue may, again, still prevail).

The health professional should always document that a chaperone was offered and declined, together with the rationale for proceeding in the absence of a chaperone.

5.17 No chaperone available/patient unhappy with choice of chaperone

When no chaperone is available or the patient is unhappy with the chaperone offered (for example, they will only accept someone of the same gender), you can ask the patient to return at a different time, if this is not against their clinical needs. Consideration should be given to the chaperone being of the same gender as the patient wherever possible.

5.18 Key Principles for Undertaking Intimate Clinical Assessments remotely

Key Information for Staff:
GP mythbuster 15: Chaperones - Care Quality Commission (cqc.org.uk) Top tips for digital consultations | RCN Magazines | Royal College of Nursing

6. Implementation

6.1 Plan for implementation

The latest version of this Policy can be found on the Trust intranet site key document and safeguarding pages.

6.2 Dissemination

Staff will be advised of the updated Policy via dissemination by attendees of the Trust Integrated Safeguarding Committee and associated Trust Governance Forums.

6.3 Training and Awareness

This Policy will be available on the Trust intranet key document page and Safeguarding page.
Staff groups will be made aware of the Policy via mandatory safeguarding training at the required level appropriate for their job role.

Chaperone training is available to staff via the Electronic Staff Record (ESR).

7. Monitoring and Compliance

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
	These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'**.**	Who is responsible for the check? Is it listed in the 'duties' section of the Policy? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms such as '10 times a year' instead of 'monthly'.
	Compliance with Privacy & Dignity standards	Nursing Quality Checks		Matrons trustwide	Fundamentals of Care Committee in accordance with reporting schedules	
		PALS/complaints trends/themes	Ongoing	Patient Experience Lead	QGC in accordance with Divisional reporting schedules	

	Adherence to the Chaperone Policy	Annual audit of Chaperone Policy	Annual	Integrated Safeguarding Team	Integrated Safeguarding Committee	Annual in accordance with Safeguarding Audit plan

8.Policy Review

This Policy will be reviewed every 3 years in accordance with WAHT Key Document review process or in the event of any significant change to procedure.

9. References

GMC Intimate Examinations & Chaperones	April 2013	www.gmc-uk.org/guidance
HMSO report into the professional behaviour of Clifford Ayling.	2004	HMSO London
RCN Chaperoning: the role of the nurse and the rights of patients.	2006	Royal College of Nursing. London
General Medical Council – Intimate Examinations and chaperones – professional standards	30th January 2024	gmc-uk.org
Policy for Assessing Mental Capacity and Complying with the Mental Capacity Act 2005		WHAT-KD-026
Consent to Examination or Treatment Policy		WAHT-CG-075
Managing Allegations Against People in A Position of Trust Policy		WAHT-HR-098
Freedom To Speak Up Policy		PAR1245_i
Chaperone Policy for Infants, Children & Young People		WAHT-TP-083
Clinical Record Keeping Policy		WAHT-CRK-09
Independent Inquiry into Child Sexual Abuse	2018	https://www.iicsa.org.uk/
RCN Genital Examination in Women	Published 6th Nov 2023 Page updated 05.04.2024	Genital Examination in Women| Royal College of Nursing (rcn.org.uk)
NHSE Key Principles for Undertaking Intimate Clinical Assessments remotely in response to COVID19	V1July 2020	https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-15-chaperones
Royal College of Nursing Magazine –Top Tips for Video Consultations	31st May 2022 Accessed 22.04.2024	Top tips for digital consultations | RCN Magazines | Royal College of Nursing

10.Background

10.1 Equality requirements

Refer to Supporting Document 1.

10.2 Financial risk assessment

Refer to Supporting Document 2.

10.3 Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Integrated Safeguarding Committee representatives
Patient Experience Lead
LGBTQ+ Network Chair
Freedom to Speak Up Guardian

This key document has been circulated to the chair(s) of the following committees / groups for comments;

Committee
Integrated Safeguarding Committee 30.07.2024
Improving Safety Action Group 03.09.2024
Quality Governance Committee

10.4 Approval Process

This Policy will be approved via the Integrated Safeguarding Committee, Improving Safety Action Group and Quality Governance Committee.

Approved:	**Date:**	**Who by:**
Approved	29th March 2019	Safeguarding Committee
Approved	30th July 2024	Integrated Safeguarding Committee
Approved subject to amendments from 'doctor' to 'Healthcare Professional'	3rd September 2024	Improving Safety Action Group (ISAG)

10.5 Version Control

This section should contain a list of key amendments made to this document each time it is reviewed.

Date	Amendment	By:
Dec 2010	Re-write of original guideline, updated into new format.	S. Ellson
April 2013	To be republished with no amendments	Helen Blanchard
June 2015	Updated individual's names, titles and references. Change to audit process	Sonya Murray
Aug 2017	Document extended for 6 months as per TMC paper approved on 22nd July 2015	TMC
Dec 2017	Document extended for 3 months as per TLG recommendation	TLG
March 2018	Document extended for 3 months as approved by TLG	TLG
June 2018	Document extended for 3 months as per TLG recommendation	TLG
March 2019	Re write to replace previous trustwide version	Safeguarding Committee
March 2021	Document extended for 6 months as per Trust agreement 11.02.2021	
May 2021	Full review to include Genital Examination in Women (RCN, 2020) and Key Principles for undertaking intimate clinical assessments remotely in response to COVID19 (NHSE, July 2020)	Integrated Safeguarding Committee 01.06.2021
June 2024	Review and update throughout – published as V4	Integrated Safeguarding Committee 30.07.2024

Supporting Document 1 – Equality Impact Assessment form

NHS Worcestershire Acute Hospitals NHS Trust

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form

Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	Deborah Narburgh – Head of Safeguarding

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
	Deborah Narburgh	Head of Safeguarding	deborah.narburgh@nhs.net
	Bec Harris	Improvement Facilitator Chair LGBTQ+ Network	bec.harris@nhs.net
Date assessment completed	09.07.2024		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.	**Title: Chaperone Policy - Adults**			
What is the aim, purpose and/or intended outcomes of this Activity?	This policy sets out the rights of patients to have a chaperone present during any intimate examination, procedure or treatment. Worcestershire Acute Hospitals NHS Trust is committed to providing a safe, comfortable environment where patients and staff can be confident that best practice is being followed.			
Who will be affected by the development & implementation of this activity?	✓ ✓ ✓ ✓	Service User Patient Carers Visitors	✓ ✓	Staff Communities Other _____
Is this:	✓ Review of an existing activity New activity Planning to withdraw or reduce a service, activity or presence?			
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	As detailed within reference list			
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	As detailed within Policy document			
Summary of relevant findings	This Policy applies to all colleagues whether working in a paid, contractual or voluntary capacity.			

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		x		Policy applies to adults over the age of 18yrs
Disability		x		Policy applies to adults irrespective of disability
Gender Reassignment		x		Policy applies to adults irrespective of gender reassignment
Marriage & Civil Partnerships		x		Policy applies to adults, neutral impact
Pregnancy & Maternity		x		Policy applies to all adults
Race including Traveling Communities		x		Policy applies to all adults Policy circulated to BAME Lead as part of consultation process
Religion & Belief		x		Policy applies to adults irrespective of religion and belief. The Policy details any special considerations - individual
Sex		x		

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
				Policy applies to adults, irrespective of sex /gender identity
Sexual Orientation		x		Policy applies to adults, irrespective of sexual orientation Policy circulated to LGBTQ+ network Chair as part of consultation
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		x		Policy applies to adults, considerations for vulnerabilities detailed within Policy document
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		x		Policy applies to adults – practice will be consistent across all health presentations where the use of a chaperone is requested or identified as required

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
		.		
How will you monitor these actions?				

When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	D Narburgh B Harris
Date signed	09.07.2024
Comments:	Comments received from LGBTQ+ network Chair updated throughout document / Policy
Signature of person the Leader Person for this activity	
Date signed	
Comments:	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	N/A

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval

Appendix 1

AUDIT TOOL

IMPLEMENTATION AND COMPLIANCE WITH CHAPERONE POLICY

1. Is the professional/s aware of the Chaperone Policy?
[ ] Yes [ ] No

2. For patients who have received intimate examination/procedures -

Is there evidence in the patient record that :

Consent was obtained for intimate examination/procedures [ ] Yes [ ] No

A chaperone was offered? [ ] Yes [ ] No

3. Is there a poster or patient information leaflet available on request or on display?
[ ] Yes [ ] No

4. State number of incidents or complaints for the service as a result of/related to intimate examination/ procedures.

Date completed: …….

Name: ……..

Designation: ……..

Department: …….

Contact details: …….